

## **Retail Food Establishment Inspection Report**

Floyd County Health Department Telephone:812-948-4726

X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishm	ent Name		0	Telephone Number	(mm/dd/ve)		
50.4 1 1V.1.	<u> 15e   10</u>		Koma	8/2-725-9495		. ^	18-
134	ient Adare	ss (nu A	mber and street, city, state, zip code)	(**) Owner 341-672-9527	1/-3-1	9	28
					<del> </del>	<del>_</del>	72.0
Owner	6.016	0	Nasim & Suez Nasim	Purpose:	Follow-up Release Date		
Owner's A			1/95/101 ( 30EZ /Vas/101	1. Routine	No		
Ownersh	uui ess			2. Follow-up	Summary of Violations:		
Person in C	Th arms			3. Complaint	<i> </i>	/	3/ d
2 CISON IN C	mar ge			4. Pre-Operational	C / NC / R / C		
Responsible	e Person's	E-ma	i)	5. Temporary	Menu Type (See back of page)		
1				6. НАССР	Mond Typ	to (Dee Duck	. oj pagej L
Certified F	ood Handl	er,		7. Other (list)	1 2	3	11/5
<b>l</b> /	Miche	1	Nasing 4-17-19		<u> </u>		_4 <u>/</u> _5
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative O	<del></del>		To Be Co	orrected By
/77_	7 C Observed ground beef over pasta in walk-in cooler in basencent-				,	Com	cted
			walk in cooler in basen	nc 1/-			
			Y CEIL O I.C. I aveni				
			* CFH certificate expin	es 17 3 Mo.		<del></del>	
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Received by (name and title printed):  Inspected by (name and title printed):							
Thomas Snider, EHS							
Received by (signature): Inspected by (signature):							
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